

RCE
efw

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450, ON THE DATE INDICATED BELOW.



[Handwritten signature]

Date: 5/6/05

MAIL STOP RCE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Patent Application of: :
Chad S. Gephart et al. :
: :
Conf. No.: 5209 : Group Art Unit: 1753
: :
Appln. No.: 09/800,014 : Examiner: Kaj K. Olsen
: :
Filing Date: March 5, 2001 : Attorney Docket No.: 209960.0004/1U3
: :
Title: MEDICAL DIAGNOSTIC SYSTEM

AFTER FINAL REQUEST FOR CONTINUED EXAMINATION (RCE)
UNDER 37 C.F.R. 1.114

This is a request under 37 CFR 1.114 for continued examination (RCE) of the above identified application in response to the Office Action mailed February 8, 2005 (Paper No. 050207). Enclosed are the following in support of the RCE under 37 C.F.R. 1.114:

- ☐ Enter the unentered Amendment previously filed on under 37 CFR 1.116 in the above application.
- ☒ An Amendment.
- ☐ An Information Disclosure Statement, PTO/SB/08A and cited references.
- ☐ New formal drawings.
- ☐ A Petition for Extension of Time to for the pending application.
- ☐ Other:

The following fees are enclosed:

- ☒ RCE fee of \$395.00 required under 37 C.F.R. 1.17(e).
- ☐ Extension of time fee in the amount of \$____.00

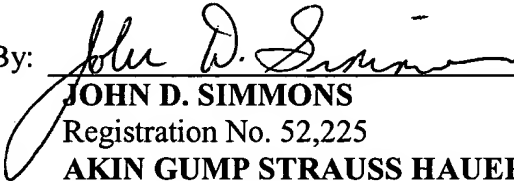
☐ Additional claim fees of _____ for excess claims submitted in the enclosed Amendment,
calculated as follows:

					SMALL ENTITY		LARGE ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	RATE	ADDIT. FEE
TOTAL	33	(-)	60	0	x25	0	x50	
INDEP.	1	(-)	3	0	x100	0	x200	
<input type="checkbox"/> 1st PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					+\$180		+\$360	
					TOTAL	0	TOTAL	

- ☒ Firm check in the amount of \$395.00 is enclosed herewith.
- ☒ The Commissioner is hereby authorized to charge and/or credit Deposit Account No. 50-1017 (Billing No. 209960.0004) as noted below. A duplicate copy of this sheet is enclosed.
- ☒ Any overpayments or deficiencies in the above-calculated fee(s).
- ☐ RCE fee in the amount of \$____.00.
- ☐ Extension fee in the amount of \$____.00.
- ☐ Additional claim fee(s) in the amount of \$____.00 as calculated above.
- ☒ Any additional fees required under 37 C.F.R. §§ 1.16 or 1.17.
- ☒ In the event that a Petition for Extension of Time is required, but not enclosed, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

CORRESPONDENCE ADDRESS

CHAD S. GEPHART, *et al.*

May 6, 2005 By: 
(Date)

JOHN D. SIMMONS
Registration No. 52,225
AKIN GUMP STRAUSS HAUER & FELD LLP
One Commerce Square
2005 Market Street, Suite 2200
Philadelphia, PA 19103-7013
Telephone: 215-965-1200
Direct Dial: 215-965-1268
Facsimile: 215-965-1210
E-Mail: jsimmons@akingump.com

JDS:cmb

Enclosures